



Getting the Adult Social Care Workforce ready for Mental Health Act Reform

A guide to training and developing staff to support autistic people and people with a learning disability.



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Introduction

Skills for Care works to develop the skills and capabilities of people working in adult social care in England. The proposed reforms to the Mental Health Act will have a significant impact on how autistic people and people with a learning disability are supported in the community.

This is one of a series of resources, which will cover:

- what the reforms will mean
- what changes will be needed in adult social care to implement the reforms
- support for autistic people and people with a learning disability who come into contact with the criminal justice system (forensic support)
- changes to Care Education and Treatment reviews (CETRs), and Dynamic Support Registers (DSRs)
- e-learning modules about the reforms and good community support.

This guide explains:

- the workforce capabilities needed for good community support
- how training, quality assurance and practice leadership fit together
- where to find Skills for Care guidance and resources to deepen your understanding.

Key aim:

Our aim through the resources and support provided is to help adult social care employers prepare their workforce so people can live good lives in their communities and avoid unnecessary detentions or hospital admissions.

Why the right training and support matters

“A system-wide approach to tackling the challenges in the social care workforce is required. This includes ensuring that career progression opportunities are available to tackle recruitment and retention issues in social care; and that social care apprenticeships include specialist learning disability and autism options, as requested by employers.”

Building The Right Support (NHSE 2015)

“Understanding a person’s needs; how they communicate, or how autism affects them isn’t an added extra or a ‘nice to do’ – it’s essential for support to work”

Bob’s mum (Expert by Experience)

It’s more than 30 years since the Mansell reports¹ outlined what good support should look like for people who display distressed behaviours or behaviours described as challenging. Professor Mansell’s reports showed that for people with a learning disability displaying or at risk of displaying behaviours described as challenging it was unhelpful to remove people from the community or family and it was unhelpful to congregate them with other people.

“The goal of all services for people with learning disabilities should be to provide sufficiently skilful support to prevent problems arising in the first place, to manage them when they occur and to implement relatively sophisticated long-term arrangements for management, treatment and support. Specialised challenging behaviour services will then be able to focus on people who present the most complex and difficult challenges.” (Prof) J L Mansell

His report recommended good mainstream support for services and families to prevent more complex needs (and therefore detentions) arising and specialised services able to directly serve a small number of people with the most challenging needs”

We’ve made progress, but data shows² that there are still preventable detentions and inconsistent community support.

The ‘Transforming Care’ and ‘Building the Right Support’ government programmes since 2015 have helped to reduce the number of people with a learning disability

¹ [Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs, published in 1993, revised 2007.](#)

² [Statistics on people with a learning disability and autistic people in mental health hospitals, AT: December 2025, MHSDS: November 2025](#)

who are in hospital. Over the same time the number of autistic people without a learning disability experiencing long and avoidable hospital admissions has increased. The multiple reports and evaluations have shown that workforce development is central to changing this, so that people are well supported in their local community.

Key point:

Good support depends on what staff do in everyday interactions, not just policies or training.

Person-centred and circle of support learning

Good learning is built around the individual and shared with those who are important in their life. Training should be shaped by the needs, strengths, communication, preferences and lived experience of the person and those close to them.

Key point:

Training is most effective when people from different roles learn together and focus on the outcomes that matter to the person being supported.

Good person-centred learning:

- is practical and grounded in real situations
- includes lived-experience voices
- avoids jargon
- links to the capabilities needed for each role
- is interactive, reflective, and immediately applicable
- uses the capabilities from the Core Capabilities Frameworks, the Care Certificate, the care workforce pathway and the Oliver McGowan Mandatory Training to underpin the design of the training.

Four key skills

The evidence base from multiple reports and evaluations clearly identifies four core skills for direct support staff working with people with learning disabilities and autistic people who may be at risk of poor mental health or distressed and challenging behaviour. They are:

- practice leadership
- trauma informed practice
- capable environments
- Active Support.

Practice leadership

Training alone rarely improves practice. The best way to improve practice is through practice leadership. Practice leadership helps turn values and training into everyday support. It is one of the 8 roles described in the Adult Care Workforce Pathway³.

Practice leaders:

- have a specific specialism, such as learning disabilities, practice leadership, trauma-informed care, restraint reduction or creating capable environments
- model good practice
- support staff to develop confidence and consistency
- coach others, give feedback and observe practice
- focus on people's quality of life
- help teams understand rights-based and preventative approaches
- create supportive and positive workplace cultures.



Training and [qualifications](#) in practice leadership are provided by a range of organisations, including BILD.

“Someone will lead the practice of a team; make sure it’s someone you want people to follow”

Bev Murphy, BILD consultant

Key point:

Practice leadership strengthens culture. It helps ensure that people experience safe, consistent and respectful support every day.

³ 'Practice leader' role category Updated 12 November 2025

Trauma-informed practice

Many autistic people and people with a learning disability have experienced trauma, including trauma related to care, separation, exclusion, restraint, or hospital admission. Trauma-informed practice recognises how past experiences shape how people respond to stress, uncertainty and support.

Trauma-informed practice means that staff:

- understand trauma as a possible explanation for distress, not a problem within the person
- prioritise emotional and psychological safety
- recognise triggers linked to environments, routines and interactions
- respond with empathy, predictability and respect
- work to reduce re-traumatisation, including the avoidance of unnecessary restriction or coercion.

Trauma-informed practice supports prevention. When people feel safe, understood and in control, distress is less likely to escalate into crisis.

Key point:

Trauma-informed practice shifts the focus from “what’s wrong?” to “what has happened, and what helps this person feel safe and supported?”

Capable environments

Capable environments are the conditions that make good support possible. They recognise that distress is often shaped by environments that are overwhelming, restrictive, unpredictable or poorly matched to the person.

Capable environments include:

- physical and sensory environments that reduce stress and overload
- meaningful choice balanced with predictable routines
- clear, accessible communication
- support that is organised around the person’s strengths and preferences
- systems that enable staff to spend their time supporting people well.

Capable environments reduce reliance on restrictive practices by preparing for and addressing the everyday causes of distress before they escalate.

Key point:

If the environment is not capable, even skilled staff will struggle to provide good support.

Active support

Active support is an evidence-based approach that helps people be meaningfully active in their everyday lives. It focuses on doing things *with* people, not *for* them, and on building skills, confidence and control over time.

Active support means that staff:

- support people to take part in everyday activities at home and in the community
- break activities down so participation is achievable
- adapt support to communication, energy and motivation
- create regular opportunities for choice, contribution and success.

Active support is strongly linked to improved quality of life and reduced distress. People who are engaged, connected and occupied are less likely to experience frustration, anxiety and crisis.

Key point:

Active support is not about keeping people busy – it's about supporting meaningful participation and control in everyday life.

Supporting people with challenging or distressed behaviour

Positive behavioural support (PBS) is a values-based, person-based, person-centred approach recommended for supporting people who experience distressed behaviours. It aims to improve quality of life and reduce situations where distress is likely.

PBS looks at:

- what matters to the person
- their strengths
- environmental and sensory factors
- communication
- trauma and life experience
- health, pain and wellbeing.

Key point:

PBS is not about changing the person. It's about changing the support, the environment and the opportunities available to them.

Sector challenges

The adult social care sector has recognised a number of challenges in relation to PBS, including:

- training that is called PBS but doesn't meet the standards
- confusion between PBS and restraint training
- limited assurance of quality.

To support these sector challenges, Skills for Care coordinates a [PBS training peer review model](#). The Learning and Development Support Scheme (LDSS) funds PBS training only when it is delivered by an organisation taking part in peer review. PBS providers must show that their training is rights-led, ethical and focused on quality of life.

Ethics and lived experience

Concerns have been raised that PBS uses techniques from Applied Behaviour Analysis (ABA)⁴, and that it is sometimes used to change people's way of being, for the convenience of others. This is a particular concern for autistic and neurodivergent people and those who care about them.

With the National Autistic Taskforce, we have developed a [discussion paper](#) that examines other approaches that can be useful for autistic people (who may also have a learning disability).

There are four overriding principles which emerge from these approaches:

- develop and support autonomy
- develop and support functional communication
- reduce causes of stress and distress
- support a meaningful life.

You can read about [supporting people with challenging or distressed behaviour](#) on our website.

⁴ <https://uk-sba.org/this-is-aba/>

Restraint reduction training

Restrictive practices carry significant risk. Good training must always prioritise prevention, human rights, and hearing and learning from people who have been restrained.

Key point:

People must be trained in human rights and preventative approaches before they are taught any restrictive skills.

The Restraint Reduction Network (RRN) training standards set out what good training looks like. Certification to these standards is mandatory for all NHS-funded health and care services that use restrictive practices.

“Social Care commissioners should satisfy themselves, during the tendering process, that commissioned providers only use training (where training includes restrictive practices) that is certified as meeting the RRN training standards, in line with Care Quality Commission requirements.”

LGA/ADASS 2024

Core capabilities, the Care Certificate, and the Care Workforce Pathway

Training should link clearly to the two capability frameworks:

- [Core Capabilities Framework for supporting autistic people](#)
- [Learning disability Core Capabilities Framework](#)

These frameworks have three tiers.

Tier 1:

Those that require general awareness of people with a learning disability (or autistic people for the autism framework) and the support they need. Relevant to those in working in any sector who may occasionally interact with those affected by a learning disability but who do not have responsibility for making decisions about their care or support.

For example, this may include those working in education, policing, custodial care, housing or indeed any organisation. This is also relevant to the entire health and social care workforce including ancillary and clerical staff. Tier 1 is also relevant to the family, friends and carers of people with a learning disability, to ensure they are making the most of the support on offer and can plan effectively for current and future needs. Capability 1: Learning Disability Awareness brings together the Tier 1 learning outcomes. For example, this would be relevant to an introductory learning disability awareness course.

Tier 2:

Health and social care staff and others with responsibility for providing care and support to an autistic person or persons (or for a person or people with a learning disability for the learning disability framework) , but who would seek support from others for complex management or complex decision-making.

This is relevant to health and social care workers providing care and support, including care assistants working in residential or home care, personal assistants and others in roles which facilitate access to care. Tier 2 may also be relevant to family and friends who are providing care and support. Tier 2 also underpins the more specialist skills and knowledge required at tier 3.

Tier 3:

Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and/or may also lead services for people with a learning disability/autistic people.

This is relevant to staff working intensively with people with a learning disability (autistic people) including those who take a lead in decision-making and developing or disseminating good practice. For example, this may include (but is not limited to) learning disability nurses, clinical psychologists, psychiatrists, GPs with special interest in learning disability, allied health professionals, social workers etc. It may

also include registered managers and other social care leaders including operational managers who have responsibility for services which provide care and support..

It is important to note that the level of knowledge and skill people require is not necessarily reflected by their job role or title; a specialist practitioner may have a more in-depth level of knowledge and skill in some capabilities than a practitioner in a more senior role. The level of capability and training that someone needs depends on their role, the complexity of support they provide and their skills and experience. Learning should be tailored to the individual(s) using the worker's support.

The Oliver McGowan Mandatory Training in learning disability and autism is a legal requirement for all regulated health and care providers. It covers all of Tier 1 and selected elements of Tier 2.

Other useful frameworks include the Core Capability Framework for mental health, and the care workforce pathway.

It is important that these frameworks are used to underpin training that focuses on the needs and aspirations of the individuals being supported.

Skills for Care also runs the [Quality Assured Care Learning Service](#), which ensures that courses and qualifications meet expected standards.

What the sector told us

We engaged with over 200 adult social care workers, employers, and commissioners and user-led organisations in early 2025. They told us that:

- awareness of Mental Health Act (MHA) reform is low
- timescales feel tight
- some employers aren't clear how reforms apply to them.

They also told us that good community support depends on:

- flexible, specialist community teams
- strong commissioning that supports whole-life and preventative approaches, long-term collaboration and risk sharing
- proactive assessment of people's support needs
- access to strong local community resources, such as housing, health services, employment opportunities and neighbourhood support.
- capable, confident and stable teams of direct support workers / Personal Assistants (PAs), who are well led and managed.

The biggest barrier to change is the variability of local community provision and specialist support.

Key point:

Training and development for people commissioning and working in support services must address these factors.

Mental Health Act reform: what's changing

You can find details of the changes on [our website](#).

The new act will reform the outdated Mental Health Act of 1983, which provides the legal framework to detain and treat people in a mental health crisis who are at risk of harm to themselves or others. The modernised act will have four guiding principles:

- choice and autonomy
- least restriction
- therapeutic benefit
- the person as an individual

It includes more checks and balances for decisions on detention, treatment decisions, discharge and the ability to consent to use of information.

For autistic people and people who have a learning disability, there are specific changes, including restrictions on when and for how long they can be detained and strengthening community support including the role of Care Education and Treatment reviews (CETRs), and Dynamic Support Registers (DSRs).

Key point:

The change that stops long-term detention for autistic people and people with a learning disability will not happen until “sufficient community support” exists. The skills and capabilities of people in adult social care are the defining characteristic of support being sufficient.

Skills for Care resources to support you

We offer:

- [guidance on PBS, and approaches to distressed behaviour.](#)
- guidance on the adult social care role in Care Education and Treatment reviews (CETRs), and Dynamic Support Registers (DSRs)
- individual scenarios and worked examples
- guidance for [working with families](#), [culturally appropriate care](#) and personal relationships
- [quality-assured training provider lists](#)
- [newsletters and sector updates](#)
- an expert advisory group of people with lived experience who help us co-produce our work.

Summary

The reform of the Mental Health Act offers a major opportunity to improve the lives of people with a learning disability and autistic people. Success depends on the quality of community support and the skills, confidence and values of the workforce.

Skills for Care will continue to support adult social care employers through guidance, quality assurance, resources and sector engagement.

Key point:

A skilled, rights based workforce is essential to reducing all restrictive practices, including detention under the MHA, and improving people's lives.